PTO/SB/22 (01-08)
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) | |
|---|---------------------|------------------------------------|--|
| FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | 345288 | 015US |
| Application Number 10/764,309-Conf. #8261 | | Filed January 22, 2004 | |
| For LOW ATTENTION RECORDING, WITH PARTICULAR APPLICATION TO SOCIAL RECORDING | | | |
| Art Unit 2621 | | Examiner | R. Chevalier |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| X One month (37 CFR 1.17(a)(1)) | <u>Fee</u> \$120 | Small Entity Fee \$60 | \$ 120.00 |
| Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | \$ |
| Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | \$ |
| Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 | \$ |
| Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | |
| x The Director has already been authorized to charge fees in this application to an EFT Account. | | | |
| The Director is hereby authorized to charge any deficiency in fees or credit any overpayment to Deposit Account Number50-0665 | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the applicant/inventor. | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| attorney or agent of record. Registr | ation Number | 34,807 | _ |
| attorney or agent under 37 CFR 1.34. Registration number of acting under 37 CFR 1.34 | | | |
| | | May ≥ | ······································ |
| Signature | | Date | |
| Christopher J. Daley-Watson Typed or printed name | | (206) 359-8000 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| X Total of 1 forms are submitted. | | | |